

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>United We Can</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>The Pivot Group</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016		
Mailing Address 1720 I Street, NW Suite 550			Amount 18096.86		
City Washington State DC Zip Code 20006		Transaction ID : D368353			
Purpose of Expenditure Direct Mail		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought 2173285.69			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)		
Full Name of Payee <b>The Pivot Group</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016		
Mailing Address 1720 I Street, NW Suite 550			Amount 18096.86		
City Washington State DC Zip Code 20006		Transaction ID : D368354			
Purpose of Expenditure Direct Mail		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2016	
Name of Federal Candidate BENNET, MICHAEL F, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought 125146.91			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures.....			36193.72		
(b) SUBTOTAL of Unitemized Independent Expenditures .....					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Hudson, Gerald, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 19 / 2016		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>United We Can</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AL Media, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 18 / 2016</div> </div>		
Mailing Address 222 W. Ontario St. Suite 600			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16845.68</div>		
City Chicago	State IL	Zip Code 60654	<b>Transaction ID : D368355</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 18 / 2016</div> </div>		
Purpose of Expenditure Digital Advertising		Category/ Type 004	Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2173285.69</div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			Name of Federal Candidate BENNET, MICHAEL F, , ,		

Full Name of Payee <b>AL Media, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 18 / 2016</div> </div>		
Mailing Address 222 W. Ontario St. Suite 600			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16845.68</div>		
City Chicago	State IL	Zip Code 60654	<b>Transaction ID : D368356</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 18 / 2016</div> </div>		
Purpose of Expenditure Digital Advertising		Category/ Type 004	Name of Federal Candidate BENNET, MICHAEL F, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">125146.91</div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			Name of Federal Candidate BENNET, MICHAEL F, , ,		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">33691.36</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hudson, Gerald, , ,

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Date

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10 / 19 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>United We Can</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ardleigh Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2016</b>	
Mailing Address <b>PO Box 12182</b>		Amount <b>106857.03</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D368357</b>
Purpose of Expenditure <b>Canvassing Services</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 18 / 2016</b>	
Name of Federal Candidate <b>CLINTON, HILLARY RODHAM, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>2173285.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>Ardleigh Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2016</b>	
Mailing Address <b>PO Box 12182</b>		Amount <b>183183.48</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D368358</b>
Purpose of Expenditure <b>Canvassing Services</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 18 / 2016</b>	
Name of Federal Candidate <b>TRUMP, DONALD J, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>2173285.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<b>290040.51</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►	
(c) TOTAL Independent Expenditures..... ►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hudson, Gerald, , ,

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Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>United We Can</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ardleigh Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2016</b>	
Mailing Address <b>PO Box 12182</b>		Amount <b>147546.47</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D368359</b>
Purpose of Expenditure <b>Canvassing Services</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 18 / 2016</b>	
Name of Federal Candidate <b>MCGINTY, KATHLEEN ALANA, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>323966.09</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>Ardleigh Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2016</b>	
Mailing Address <b>PO Box 12182</b>		Amount <b>71238.02</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D368360</b>
Purpose of Expenditure <b>Canvassing Services</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 18 / 2016</b>	
Name of Federal Candidate <b>TOOMEY, PATRICK JOSEPH, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>323966.09</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<b>218784.49</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►	
(c) TOTAL Independent Expenditures..... ►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Hudson, Gerald, , ,**[Electronically Filed]*

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>United We Can</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Terra Strategies, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2016</b>		
Mailing Address <b>100 East Grand Ave. Suite 380</b>			Amount <b>4232.07</b>		
City <b>Des Moines</b>	State <b>IA</b>	Zip Code <b>50309</b>	Transaction ID : <b>D368361</b>		
Purpose of Expenditure Canvassing Services		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>		
Name of Federal Candidate <b>TRUMP, DONALD J, ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>2173285.69</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee <b>Terra Strategies, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2016</b>		
Mailing Address <b>100 East Grand Ave. Suite 380</b>			Amount <b>1692.83</b>		
City <b>Des Moines</b>	State <b>IA</b>	Zip Code <b>50309</b>	Transaction ID : <b>D368362</b>		
Purpose of Expenditure Canvassing Services		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>		
Name of Federal Candidate <b>CLINTON, HILLARY RODHAM, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>2173285.69</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>5924.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hudson, Gerald, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 6 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>United We Can</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Terra Strategies, LLC</b>			Date of Public Distribution/Dissemination 10 / 19 / 2016		
Mailing Address 100 East Grand Ave. Suite 380			Amount 200681.73		
City Des Moines	State IA	Zip Code 50309	Transaction ID : D368385		
Purpose of Expenditure Canvassing Services		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2016		
Name of Federal Candidate TRUMP, DONALD J, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		2173285.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Terra Strategies, LLC</b>			Date of Public Distribution/Dissemination 10 / 19 / 2016		
Mailing Address 100 East Grand Ave. Suite 380			Amount 80272.69		
City Des Moines	State IA	Zip Code 50309	Transaction ID : D368386		
Purpose of Expenditure Canvassing Services		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		2173285.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	280954.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hudson, Gerald, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 7  
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NAME OF COMMITTEE (In Full) <b>United We Can</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Terra Strategies, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2016</b>		
Mailing Address <b>100 East Grand Ave. Suite 380</b>			Amount <b>80272.69</b>		
City <b>Des Moines</b>	State <b>IA</b>	Zip Code <b>50309</b>	Transaction ID : <b>D368387</b>		
Purpose of Expenditure Canvassing Services		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2016</b>		
Name of Federal Candidate <b>BENNET, MICHAEL F, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>		
Calendar Year-To-Date Per Election for Office Sought <b>125146.91</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>80272.69</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>945862.09</b>

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Hudson, Gerald, , ,

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Signature